

CONFIDENTIALITY AGREEMENT

State Form 52736 (8-06) / CW 2117

DEPARTMENT OF CHILD SERVICES

In the best interest of Indiana's children, I, the undersigned, agree to maintain the confidentiality of any and all information officially released to me or otherwise received in accordance with federal and state law and rule pertaining to such information.

Date (month, day, year): _____

[illegible]